

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021967

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5436

STATE FILE NUMBER

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, MissouriLength of stay in 1b
1 1/2 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Hamilton Medical Conv. CenterInside Limits
No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
6219 ItaskaReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED A/K/A First Henry

Middle Miksicek

Last

Henry

William

Miksicek

4. DATE
OF
DEATH

Month

May

Day

20

Year

1963

5. SEX
M6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
-5-21-769. AGE (last birthday)
86IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
President & Treas. (Ret.)10b. KIND OF BUSINESS OR INDUSTRY
Laclede Brass Works11. BIRTHPLACE (City and state or country)
Mirotice, Bohemia12. CITIZEN OF WHAT COUNTRY
U.S.A. (NAT.)

13a. FATHER'S NAME

John Miksicek

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Annie Miksicek

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dr. John E. Miksicek 6219 Itaska

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gastric Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

784.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized Arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec. 19, 1961

to May 20, 1963

and last saw him alive on May 19, 1963

Death occurred at

7:14 a.m.

m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

U. F. Montgomery M.D.

22b. ADDRESS

110 S. Central Ave. Clayton Mo.

22c. DATE SIGNED

5/21/63 (State)

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Cremation

23b. DATE

5-22-63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Chapel of Memories

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

25. DATE RECD. BY LOCAL REG.

SAM MAY 21 1963

26. REGISTRAR'S SIGNATURE

R. A. Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

Amended - no other info - no autopsy - DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. C. Simpson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Dr. A. F. Montgomery
110 S. Central
APR 1-5511

1:30 to 3